

## ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

Ms.

yes  no

Mr. Artist

*Blackie Vanier*

(Last Name Last)

Permanent  
Address

Street

City

*11430*

Tel. (419) 561-3667

Zip

Area Code

Temporary  
Address

Street

City

*11430*

Tel. ( )

Zip

Area Code

Permanent address is in what county?

*Cuyahoga*

Born in Cuyahoga County  Yes  No

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

- Artist will pick up at Museum.
- Museum should dispose of.
- Museum should ship to artist C.O.D. at this address.

### Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

**THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.**

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 15, 1975.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature *Blackie Vanier*

## ENTRY BLANKS

**1**

1. Paintings  2. Graphics  3. Photography  
 4. Sculpture  5. Electric  6. Crafts

Medium or Materials

STERLING Silver  
 Sterling Silver  
 Sterling Vase

Title

Price or NFS

Insurance Value  
If NFS Only

Size

1500

1000

5x5x4"

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

Total No. in Edition

Price  
UnframedPrice  
of Frames

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

50 (J.M.)

X

X

Fee PAID

BY

**2**

1. Paintings  2. Graphics  3. Photography  
 4. Sculpture  5. Electric  6. Crafts

Medium or Materials

Title

Price Framed  
or NFSInsurance Value  
If NFS Only

Size

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

Total No. in Edition

Price  
UnframedPrice  
of Frame

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

X

X

Fee PAID

BY

DO NOT DETACH

1975 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

**Dates for Pick-up of Objects**

Museum Service Entrance  
9:30 a.m. to 4:30 p.m., Monday through Saturday

**Rejected Objects**

April 14 through April 26

**Accepted Objects**

June 23 through June 28

It is understood that the Museum will have the right to dispose  
for its own account any object not called for by the dates listed

*Please keep address within this box for window envelope.*

|              |                  |           |
|--------------|------------------|-----------|
| Name         | BLANCHE VANCE    |           |
| Address      | 3330 Mayfield Rd |           |
| City & State | CLEVELAND        | Zip 44106 |

**PLEASE TYPE OR PRINT.**

This is the label that will be used to mail your  
notification of acceptance or rejection

## ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

DO NOT DETACH

**1**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

Stephens Sculpture  
STEPHENS SCULPTURE

Title

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

50 (J.M.)

DO NOT DETACH

**2**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

Title

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED